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Description automatically generated

**Pelvic, Obstetric, Gynaecological Physiotherapy**

**Registration form**

|  |
| --- |
| **Title of award,**  **bursary or prize:** |

|  |  |  |
| --- | --- | --- |
| Title | First Name: | Surname: |

|  |
| --- |
| Address:  Postcode; |

|  |
| --- |
| HCPC no : CSP no: |
| Are you a member of POGP ? yes /no |
| Contact email address; |

**ANNE BIRD PRIZE NOMINATIONS ONLY**

|  |
| --- |
| Please provide names of two nominees supporting your nomination  *Please indicate which nominee is a POGP member* |
| i |
| ii |
|  |

**RUTH HAWKES EARLY CAREER AWARD ONLY**

|  |
| --- |
| Please provide name of your sponsor supporting your application |
| the position held: |
| are they a POGP member? Yes/No |

Please complete this registration form and send with your anonymised application to [awards@thepogp.co.uk](mailto:awards@thepogp.co.uk)

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| Applicants unique reference number : |  |
| All forms completed & application statement anonymised | Yes/No |
| Date redacted papers sent to assessors |  |
| Date returned to Admin |  |
| Outcome |  |